

Carillon Properties Health Club

MEMBERSHIP APPLICATION

Date: _____

Name: _____

Company: _____

Business Phone: _____

Home Phone: _____

E-mail Address: _____

Access Card #: _____

Start Date: _____

Membership Type: Month-to-Month Annual

Initiation fee: \$50.00 plus tax (applicable to both monthly and annual memberships.)

Monthly Membership: \$50.00 plus tax/month

Annual Membership: \$550.00 plus tax/full year (comes with one month free)

Office Use Only:

Payment received:

Type of payment: Cash Credit Card Check #

Date: _____ Initials: _____